

HEALTH AND WELLBEING BOARD



TO:	Blackburn with Darwen Health and Wellbeing Board
FROM:	Stephen Tingle – Director of Commissioning and Adults
DATE:	20 th January 2014

SUBJECT: Better Care Fund and local implementation

1. PURPOSE

The purpose of this paper is to provide an overview of the recently published Better Care Fund guidance and outline potential implications for Blackburn with Darwen.

2. RECOMMENDATIONS

That the Health and Wellbeing Board;

1. Note the update on Better Care Fund and implications for Blackburn with Darwen
2. Agree for Executive Joint Commissioning Group members, in consultation with the Chair and Vice Chair of the Board, develop Better Care Fund proposals for first draft submission to Department of Health/Local Government Association by 14th February 2014
3. Agree for Better Care Fund final submission and action plan to be presented and ratified at Health and Wellbeing Board meeting in March 2014 prior to final submission on 4th April 2014
4. Consider the delegated functions required in light of the opportunities that the Better Care Fund presents to ensure that the Board is adequately equipped to deploy the Fund and other joint commissioning/pooled budget arrangements, for consideration at the March 2014 meeting of the Board and make recommendations thereafter to the Council's Executive Board and CCG Board.

3. BACKGROUND

The Better Care Fund (BCF), previously Integration Transformation Fund (ITF), was announced in June 2013 as part of the Spending Review. The BCF will provide an opportunity through pooled budget arrangements to transform local services so that people are provided with better integrated care and support. The BCF will bring together NHS and Local Government resources, and provide a real opportunity to improve services and value for money, protecting and improving social care services by shifting resources from acute services into community and preventative settings at scale and pace.

Funding

Nationally, the Better Care Fund will provide £3.8 billion to local services to give elderly and those identified as vulnerable an improved health and social system, of which £1 billion will be linked to achieving outcomes. In 2014/15, in addition to the £859 million transfer already planned from the NHS into social care, a further £241 million will transfer to enable localities to prepare for the Better Care Fund in 2015/16.

In 2015/16 the Fund will be created from existing funding that is allocated across the health and care system including funding for carer's breaks, CCG reablement funding, capital funding including Disabled Facilities Grant and reablement funding which already transfers from health to social care.

In 2015/16 the Fund will be allocated to local areas, where it will be put into pooled budgets under section 75 joint governance arrangements between CCGs and Councils. The funding will be routed through NHS England via CCGs and budgets will be ring fenced for use in pooled budgets.

Locally it is anticipated the fund will be at least £12.2 million for Blackburn with Darwen in 2015/16, with £10,806 million expected to transfer from the CCG into pooled budget arrangements. 25% of funding from 2015/16 will be performance related and the BCF plan will require a contingency in the event that planned outcomes are not achieved.

National conditions

There are 6 national conditions associated with the fund which local areas are expected to meet. They include:

- Plans to be jointly agreed by the Health and Wellbeing Board on behalf of constituent CCGs and Local Authorities
- Protection for social care services (not spending)
- As part of agreed local plans, 7 day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends
- Better data sharing between health and social care, based on the NHS number
- Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional
- Agreement on the consequential impact of changes in the acute sector

National and local metrics

There will also be 5 national performance measures which will be used to performance manage the funding for the Payment By Results element (PBR):

- admissions to residential and care homes
- effectiveness of reablement
- delayed transfers of care
- avoidable emergency admissions
- patient / service user experience

In addition to the above five performance measures, local areas will need to choose one additional indicator from the following or agree a local alternative.

NHS Outcomes Framework

- 2.1 Proportion of people feeling supported to manage their (long term) condition
- 2.6i Estimated diagnosis rate for people with dementia
- 3.5 Proportion of patients with fragility fractures recovering to their previous levels of mobility / walking ability at 30 / 120 days

Adult Social Care Outcomes Framework

- 1A Social care-related quality of life
- 1H Proportion of adults in contact with secondary mental health services living independently with or without support
- 1D Carer-reported quality of life

50% of the PBR element (approx. £1.5m) will be received at the beginning on 2015/16, subject to the HWB adopting a strategic plan that meets the national conditions by April 2014.

The remaining 50% (£1.5m) will be paid in the second half of the year based on in-year performance. Details of how this will work, including the locally agreed measures to be determined, will be confirmed following review of the detailed plans as submitted.

Timescales

Health and Wellbeing Boards are expected to sign off the plan on behalf of its constituent CCGs and Local Authorities as set out in the better Care Fund Guidance issued in December 2013. An initial draft will be submitted to NHS England Local Area Team and the Local Government Association by 14th February 2014 and the final submission as part of CCG's Strategic and Operational Plans by 4th April 2014.

4. RATIONALE

Better Care Fund

Demand for services is constantly changing and health and social care services for complex and long term conditions, as currently configured are not sustainable in the face of future projected need and increasing financial constraints.

To improve outcomes for the public, provide better value for money and be more sustainable, health and social care services must work together to meet individuals' needs. The case for integrated care as an approach, particularly to meet the needs of the aging population is well evidenced. Rising demand for services, coupled with the need to reduce public expenditure provide compelling arguments for greater collaboration. Additionally, the integration of health and social care services potentially offers further means of supporting people with complex health and social care needs to live independently in the community.

The introduction of the Better Care Fund will support local areas in developing and delivering integrated care to improve services and value for money, protect and improve social care services by shifting resources from acute services into community and preventative settings at scale and pace.

The Fund creates an opportunity to create a shared plan for the totality of health and social care activity and expenditure that will have benefits way beyond the effective use of the mandated pooled budget. It also encourages Health and Wellbeing Boards to extend the scope of local plans and pooled budgets. The Better Care Fund outlines the need for CCG's and Local Authorities to engage with all providers, both NHS and social care, to develop a shared view of the future shape of services. It outlines the need for implications on local providers and the consequences of services changes associated with the fund to be set out clearly for the Health and Wellbeing Boards.

Integrated Commissioning

In March 2013 the Council's Executive Board approved number of delegated functions relating to the commissioning of health services including governance arrangements for integrated commissioning between the Council and Clinical Commissioning Group, namely the Integrated Commissioning Network.

The integrated commissioning network was established between the Clinical Commissioning Group and Local Authority to oversee delivery of an integrated commissioning work plan, highlight any risks to delivery and provide advice, recommendations and assurance to CCG Governing Body and Council Executive Board. The Executive Joint Commissioning Group provides reports on progress and makes recommendations to the Health and Wellbeing Board. Membership of the Executive Joint Commissioning Group comprises representatives of the Board's key statutory partners (CCG, Adult Social Care, Public Health and Elected Members representatives).

5. KEY ISSUES

The Health and Wellbeing Board will be expected to sign off the Better Care Fund plan before submission on 4th April 2014. Plans will include the strategic vision for health and care services, aims and objectives of local integrated care, how local areas will meet the national conditions, risks, outcomes and financial plans for the first two years.

Key issues associated with delivery of the Better Care Fund submission are outlined below:

Timescales

Timescales for completion of the initial draft of the Better Care Fund Plan are tight which reflects the Government's commitment to drive integration. Executive Joint Commissioning Group members and officers will work with providers and members of the public to develop innovative and radical transformation plans supporting better care delivery.

Development of joint plans

As outlined in previous reports to Health and Wellbeing Board members (September 2013), representatives of the CCG, NHS England and the Local Authority have been working together to establish the foundations for co-ordinated integrated delivery across health, social care, public health and the third sector.

The plans focus on the development of integrated locality teams which will provide wrap around care to frail elderly and those with long term conditions. Plans also reflect the development of integrated 7 day services to support patients being discharged and prevent unnecessary admissions at weekends. Longer term (2015-2018), integrated locality services will extend to cover vulnerable people who are under 65, including children and young people.

Finances

Work is ongoing across the Local Authority and CCG to scope the financial impact of the Better Care Fund across Blackburn with Darwen and identify aspects of spend which are currently committed as part of the overall financial allocation. Alongside finance, innovative contracting models are being explored to support integrated service delivery.

Geographical footprints

The successful delivery of Blackburn with Darwen's Better Care Fund and Integrated Care plans are interdependent across Pennine Lancashire due to shared acute care services. Blackburn with Darwen are working closely with East Lancashire CCG and the wider Pennine area to ensure any impact of BCF plans does not destabilise current service provision during transformation.

Governance

In order to ensure delivery of the Better Care Fund and other joint commissioning and pooled budget arrangements the Board needs a sensible and effective supporting infrastructure with a set of delegated powers that will;

- Ensure timely joint decision making, maintaining the scope and pace of transformation
- Allow the board to focus on high level decision making and higher risk business
- Meet the governance challenges of complex commissioning and delivery arrangements
- Improve Board and officer decision making to ensure it is robust and consistent
- Enable the vast majority of operational decisions to be taken forward by senior managers in a sensible way
- Manage and escalate risk appropriately.

The inception of the Better Care Fund offers the opportunity to examine the potential for an integrated performance and governance framework, particularly across the Council and Clinical Commissioning Group. The need for this framework is increasing in importance, particularly in light of the Francis enquiry and Keogh review, as there is an expectation that local authorities; clinical commissioning groups and health and well-being boards should have oversight of the health systems as a whole, including performance measures that provide early warnings of system failure. There will also need to be closer monitoring of agreed outcomes to ensure that our service integration activities are achieving the required benefits.

6. POLICY IMPLICATIONS

The expectation to develop and roll out the Better Care Fund delivery plans as part of wider integration of local services is set out within a number of key national policies and guidance including:

- The Care Bill which contains provisions covering adult social care reform, care standards (and the government's response to the Francis Inquiry), and health education and research.
- NHS Planning Guidance- Everyone Counts: Planning for Patients 2014/15 to 2018/19. Better Care Fund is an integral part of the CCGs submission of operating and strategic plans for 2014-2018.

7. FINANCIAL IMPLICATIONS

The pooled budget arrangements for the Better Care Fund will be set at a minimum of the value of the published section 256 revenue funding transfer from BwD CCG for 2015/16 of £10,806,000, as advised by government office. Thereafter, from 2016/17, the fund will match the detailed budget proposals agreed by the Health & Wellbeing Board, which may include any additional budget contributions, agreed between Health and Social Care under the terms of the section 256 agreement.

Management, governance and monitoring arrangements for the fund will be established in the period leading up to March 2014, with due regard to published Outcomes Frameworks for Health Care, Social Care and Public Health for 2014/15 as well as detailed accounting and reporting guidance expected to be received from government in January 2014.

These will form part of the detailed CCG five year Strategic Business Plan and initial 2 year Operational plans for approval by the Health & Wellbeing Board in April 2014, as recommended in this report, and will include ongoing monitoring, accountability and reporting arrangements to enable the HWB to meet its statutory core functions.

8. LEGAL IMPLICATIONS

The Health and Social Care Act 2012 gives Health and Wellbeing Boards specific statutory functions. These are:

- To prepare Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs).
- To encourage integrated working between health and social care commissioners
- To encourage close working between commissioners of health-related services and the board itself.
- To encourage close working between commissioners of health-related services (such as

housing and other local government services) and commissioners of health and social care services.

- Other functions that may be delegated by the council under the Health and Social Care Act 2012. For example certain public health functions, functions relating to joint commissioning and the operation of pooled budgets between the NHS and the council.

These are a statutory minimum and other functions may be delegated by the Council under the Health and Social Care Act 2012, for example certain public health functions, functions relating to joint commissioning and the operation of other pooled budgets between the NHS and the Council.

Currently, the Health and Wellbeing Board only exercises the core statutory functions. Therefore, in order to implement the Better Care Fund, specific delegations would be required through the governance mechanisms of the Council and BwD CCG.

This report focuses on developing the Better Care Fund Plan, which is a requirement for all local authorities in conjunction with their CCG partners. It is unclear whether funding will be released under existing legal arrangements or whether further legislation will be made for the creation of pooled budgets.

9. RESOURCE IMPLICATIONS

Initially the key resource implication will be officer time to support the development of the Better Care Fund plans within the expected timescales.

10. EQUALITY AND HEALTH IMPLICATIONS

An equality assessment will be carried out as part of the Better Care Fund planning process. The Better Care Fund aims to reduce the impact of inequalities faced by vulnerable groups through the development of integrated community services.

11. CONSULTATIONS

The expectation to fully engage and consult with service providers, patients, service users and the public is clearly outlined within the Better Care Fund submission. Plans are in place to consult with service providers through current provider forums including Pennine Lancashire Clinical Transformation Board and Long Term Conditions Delivery Assurance Group, 50+ partnership and Families, Health and Wellbeing Consortia. Additional consultation sessions for patients, service users and the public have been arranged between January and March 2014. We will discuss with Healthwatch how they would wish to support the engagement and consultation for the Better Care Fund.

VERSION:	6.1
-----------------	-----

CONTACT OFFICER:	Claire Jackson
-------------------------	----------------

DATE:	13 January 2014
--------------	-----------------

**BACKGROUND
PAPER:**

